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# The Status of the Elderly



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THE STATUS OF THE ELDERLY

**A. Changes in the 20th Century**

The socioeconomic and political status of the elderly in Canada (as in other western industrialized societies) has changed considerably since the 19th century. One reason is that the proportion of elderly people in the Canadian population has increased -- from 5% in 1901 to nearly 11% in 1986. By the year 2031, some demographers have predicted that, because of falling birth rates, rising life expectancies and migration patterns, 27% of the population could be over 65.<sup>(1)</sup> Such a large elderly population necessitates more social planning related to public pension plans, health facilities, housing and social services. When elderly people's opinions are solicited and their concerns discussed, their political visibility and power are consequently raised.

A second factor affecting the status of the elderly is the development of public retirement and pension plans. Until this century, there were no government or employer-sponsored pensions, no medical or accident insurance and no subsidized apartments for senior citizens. Older people without savings and widows hoped their adult children would look after them. Having several children was seen as "insurance" for old age, and parents hoped that their children would eventually take over any family farm or business and continue to live near them. Those privileged elderly with money could hire housekeepers, live-in companions, nurses or private doctors, but most older people worked until they died or became disabled. In the latter case, unless they had help from their families,

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(1) Statistics Canada, Population Projections for Canada, Provinces and Territories, 1984-2006, Cat. 91-520, Table 14, Ottawa, 1985, p. 48.



they could look forward to the poorhouse, or assistance from the community or a charitable organization.

As life expectancies increased, as industrial growth placed a new emphasis on efficiency and speed and as the labour process was de-skilled, employers tried to reduce the numbers of older people in the workforce. For these reasons, old age support and insurance programs were introduced in France as early as 1850, in Germany in 1889, in Austria in 1906 and in Sweden in 1913, though benefits were minimal and supplemented wages rather than replacing them.<sup>(2)</sup> In North America, however, the process of industrialization and replacement of older workers was not as advanced and policymakers still felt that people should not need government help to provide for their old age.

Historically, the solution to poverty in old age was thought to be thrift throughout the lifespan. Many young employees assumed they would start at the bottom of the hierarchy and gradually work their way up in an organization over time. The principles of seniority, hard work and frugality were expected to allow them to improve their financial position as they aged. But, because of low wages, unemployment or unexpected illness, most people could not accumulate enough savings for old age. Moreover, during the 1930s, widespread unemployment exacerbated problems for older workers and all Canadians; many people lost their life savings and thus their confidence in the tradition of self-reliance and individual thrift.<sup>(3)</sup> Politicians and social analysts began to realize that the causes of unemployment, declining income and poverty for the elderly were not always personal but were more often influenced by national and international economic conditions.

In 1927 the Canadian government first provided cost-sharing with the provinces for an old age pension which was initially means-tested and available only to those 70 and over. Because life expectancy was only

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(2) David H. Fischer, Growing Old in America, Oxford University Press, New York, 1977.

(3) Louis Ascah, "Recent Pension Reports in Canada: a Survey," Canadian Public Policy, Vol. X, No. 4, 1984, p. 415-428.



rendre compte que les causes du chômage, de la baisse du revenu et de la pauvreté chez les personnes âgées n'étaient pas toujours personnelles, mais étaient plus souvent dues à la conjoncture économique nationale et internationale.

En 1927, le gouvernement canadien a d'abord mis en place un régime de pensions de vieillesse dont les coûts étaient partagés avec les provinces; ce programme, à l'origine, était lié au revenu et n'était offert qu'aux personnes âgées de 70 ans ou plus. Puisque l'espérance de vie n'était que de 61 ans en 1931<sup>(4)</sup>, ce n'est qu'un segment relativement réduit de la population qui était admissible à ce programme. La prospérité de l'après-guerre a permis au Canada, comme à bien d'autres pays, de développer un système généralisé de transfert de revenus aux personnes âgées<sup>(5)</sup>. En 1952, le régime de pensions de vieillesse devenait entièrement fédéral et universel, mais ce n'est qu'en 1966 que l'âge d'admissibilité a été ramené à 65 ans<sup>(6)</sup>. Depuis les années 60, les gouvernements fédéral et provinciaux offrent une gamme de programmes aux personnes âgées. La plupart sont des programmes de soutien du revenu, mais certains offrent des services communautaires ainsi que des services de santé, de logement ou de loisirs. Ces programmes ont largement contribué à la sécurité financière et à la tranquillité d'esprit des personnes âgées et leur ont permis de conserver une certaine indépendance par rapport à leur famille.

L'intervention de l'État a changé à la fois la condition des personnes âgées par rapport à celle des autres groupes et les attitudes à l'égard du phénomène du vieillissement. Les gens craignent moins le vieillissement et la retraite s'ils se sentent financièrement en sécurité

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(4) W.E. Kalbach et W.W. McVey, The Demographic Bases of Canadian Society, (2<sup>e</sup> édition), Toronto, McGraw-Hill Ryerson, 1979, p. 83.

(5) John Myles, Old Age and Welfare State. The Political Economy of Public Pensions, Toronto, Little, Brown and Company, 1984, p. 13 et 17.

(6) Canada, Santé et Bien-être social, Prestations aux enfants et aux personnes âgées, document d'étude, Ottawa, janvier 1985, p. 26.



## B. The Effect of Industrialization

Some researchers have suggested that the status of the elderly generally falls with modernization.<sup>(8)</sup> In preliterate societies, it is claimed, young people had to rely on the memory, skill and experience of the older generation and those with specialized knowledge passed on their expertise to the young. Where respect for age was not given willingly, it was eventually entrenched in law or custom.

With industrialization, however, traditional skills and experience have become less important than higher education and technical expertise. Young people often acquire more formal education than their parents and educated young people hope to enter the labour force somewhere in the middle of the hierarchy rather than at the bottom. They expect to be promoted by merit rather than age or seniority, and feel entitled to share responsibility with older people, to gain prestige and to earn higher incomes than those with less education. Older people with outdated skills are edged out of important jobs on the labour market itself and respecting one's elders becomes a matter of decision rather than tradition. In other words, technological innovation and rapid changes in education may lower the status of the elderly.

Other researchers suggest that the relationship between the status of the elderly and industrialization is curvilinear; that is, the status tends to fall in the early stages of industrialization but rises again in "post industrial" society.<sup>(9)</sup> At this time, the proportion of elderly people in the population rises as birth rates fall and life expectancy increases. Social benefits and policies favouring older people are implemented and laws preventing age discrimination are established. The employment and economic position of the elderly are protected, thus enhancing their status in society.

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(8) D.O. Cowgill and L.D. Holmes, Aging and Modernization, Appleton-Century-Crofts, New York, 1972.

(9) E. Palmore and K. Manton, "Modernization and the Status of the Aged: International Correlations," Journal of Gerontology 29 (2), 1974, p. 202-210.



fondées sur le principe du mérite plutôt que sur l'âge ou l'ancienneté, et ils estiment avoir le droit de partager des responsabilités avec les personnes plus âgées, d'acquérir du prestige et de toucher des salaires plus élevés que les gens qui ont fait de moins longues études. Les personnes d'âge mûr dont les compétences ne sont plus en demande se voient privées des postes importants et le respect des aînés devient une question de choix plutôt que de tradition. En d'autres mots, l'innovation technologique et les changements rapides en éducation peuvent avoir pour effet d'abaisser la condition sociale des personnes âgées.

D'autres chercheurs soutiennent que la relation entre la condition des personnes âgées et l'industrialisation suit une courbe, c'est-à-dire que leur condition a tendance à se détériorer au premier stade de l'industrialisation, mais qu'elle s'améliore dans la société "post-industrielle<sup>(9)</sup>". Dans une telle société, la proportion de personnes âgées dans la population augmente à mesure que le taux de natalité tombe et que l'espérance de vie augmente. On instaure des prestations sociales et des politiques en faveur des personnes âgées et on adopte des lois qui préviennent la discrimination fondée sur l'âge. Les emplois et la situation économique des personnes âgées sont protégés, ce qui leur permet d'améliorer leur condition.

Les premières versions de la théorie de la modernisation ont donné lieu à beaucoup de recherches en anthropologie et en politique sociale. Certains chercheurs soutiennent que cette théorie est trop simpliste et que la position sociale des personnes âgées se fonde davantage sur l'équilibre entre ce qu'il en coûte de subvenir aux besoins des personnes âgées et les contributions sociales qu'on leur attribue.

Ainsi, tous ne sont pas d'accord pour dire que le statut social des personnes âgées était meilleur dans la société primitive qu'il ne l'est dans la société industrielle<sup>(10)</sup>. On fait parfois

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(9) E. Palmore et K. Manton, "Modernization and the Status of the Aged: International Correlations", Journal of Gerontology, vol. 29, n° 2, 1974, p. 202-210.

(10) A. Holmberg, Nomads of the Long Bow, Garden City (New York), Natural History Press, 1968, p. 224-225; Fischer (1977).

## CANADA'S ELDERLY TODAY

Societies with low rates of geographic and job mobility, such as Japan, often focus on traditional and religious values, and regard the elderly with reverence. As a former "frontier society," however, Canada, like the United States and Australia, has always valued youth, physical strength and independence and has poured public money into schools and other institutions for young people. Yet our social institutions are now being forced to accommodate an aging population -- a trend much more advanced in European countries such as West Germany and Britain.

### A. Demographic Trends

Since the Second World War, the percentage of elderly people in the Canadian population has gradually risen because of increased life expectancies, falling birth rates and patterns of migration and immigration.<sup>(12)</sup> Since 1931, a male's life expectancy at birth has increased from 60.0 years to 72.5 years. For a female, the increase is even greater -- from 62.1 to 79.6 years.<sup>(13)</sup> At the same time, birthrates have fallen -- from 23.2 births per 1,000 population in 1931 to 14.7 in 1986.<sup>(14)</sup> While about 11% of the overall Canadian population are now aged 65 and over, patterns of migration and immigration have led to considerable provincial variations in the age distribution of the population. As Table 1 (page 7) indicates, Prince Edward Island, Saskatchewan, Manitoba have the largest percentage of elderly people (over 12%). Many young

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(12) Although most immigrants are relatively young, immigrant families tend to produce fewer children than native-born Canadians. In this century, the number of immigrants has fluctuated considerably, leading to an aging population within specific immigrant groups.

(13) Kalbach and McVey (1979), p. 72; Statistics Canada, Population Projections for Canada, Provinces and Territories 1984-2006, Cat. 91-520, Ottawa, May 1985, p. 107.

(14) Maureen Baker (ed.), The Family: Changing Trends in Canada, McGraw-Hill Ryerson, Toronto, 1984, p. 5; Statistics Canada, Births and Deaths 1986, Cat. 84-204, Ottawa, September 1988, p. 14.



Table 1

Population 65 and Over by Province and Territory, Canada, 1986

	<u>As Percentage of Population</u>
Newfoundland	8.8%
Prince Edward Island	12.7
Nova Scotia	11.9
New Brunswick	11.1
Quebec	10.0
Ontario	10.9
Manitoba	12.6
Saskatchewan	12.7
Alberta	8.1
British Columbia	12.1
Yukon	3.7
Northwest Territories	2.8
CANADA (Total Number 2,697,580)	10.7

Source: Statistics Canada, "The Daily, July 9, 1987," Cat. 11-001, Ottawa, July 1987, p. 5.

people have migrated from these provinces for education and employment opportunities elsewhere, leaving behind older people. Consequently, these provinces have higher levels of pensioners relative to their working population and must provide more social programs for elderly residents.

Gender is also a factor in population aging. Canadian women can now expect to live about seven years longer than men, if we look at life expectancies at birth. Although part of this discrepancy may be related to physiological differences, we know that men engage in more dangerous recreation and occupations than do women, smoke more cigarettes, drink more alcohol, are more likely to postpone visits to the doctor and deal with stress differently. The growing imbalance of the sex ratio among senior citizens is a fact which has significant policy implications. Over half of Canada's women aged 70 and over are widows compared to the quarter of men in this age group who are widowers. Women living alone comprise a major segment of households headed by older people, and this has increased substantially since the early 1960s. In the past marriage was usually seen as essential for women's financial security and married women with children were expected to work in the home. Many of these women are now dependent on public pensions because they did not work for pay in their younger years or were excluded from employer-sponsored pension plans.

The life expectancies of poor people are considerably shorter than those of the rich. A recent study from Montreal General Hospital has revealed that people living in the poor Montreal district of Point St. Charles have a life expectancy nine years shorter than their neighbours in nearby Westmount. Residents from Montreal's richest neighbourhoods can also expect about 14 more years free of disabling health problems than people in poorer districts. The poor have above-average rates of accidents, malnutrition, high-risk pregnancies, respiratory and cardiovascular ailments and mental health problems. The poorer health and shorter life expectancies of poorer people can be attributed to poor nutrition, low quality accommodation, inability to afford prescriptions and health aids, and higher rates of smoking, obesity and physical



inactivity.<sup>(15)</sup> Similarly, high rates of illness among the poor lead to escalating health costs and require the payment of disability pensions by the government. Therefore, more attention needs to be paid to preventive health, including pollution control, accident prevention, improved nutrition and better housing.

The aging of the population has led to important controversies about future patterns of morbidity (disabling illness) and mortality, and about whether the lifespan can be extended by healthier lifestyles and medical breakthroughs. If the average age of the onset of chronic disease rises with the average age of mortality, we may see a similar number of chronically ill older people rather than a significant increase in the future. On the other hand, the prevalence of chronic disease might increase with increasing life expectancy. This debate has not yet been resolved, but it has important implications for future health costs.<sup>(16)</sup>

Population aging has also led to controversies about the future of public pensions. Demographers have used dependency ratios to predict changes in the ratio between the "dependent" population and the "productive" population. Although the proportion of elderly has been growing, birth rates have fallen at a faster rate and at the same time more women have been entering the labour force. This means that, despite the aging population, the dependent population will not increase and the labour force is not likely to shrink dramatically in the future. But the federal government costs for supporting the elderly through income security

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(15) Nicholas Regush, "Life expectancy for Montreal's poor nine years shorter than for rich: study," Ottawa Citizen, 31 January 1987.

(16) See J.F. Fries, "The Compression of Morbidity: Miscellaneous Comments About a Theme," The Gerontologist, Vol. 4, 1984, p. 354-359; and Daryl Simmons-Tropea and Richard Osborn, "Disease, Survival and Death: the Health Status of Canada's Elderly," in Victor W. Marshall (1987), p. 399-423.

programs will become higher, while the government costs for children may decline.(17)

## B. Education and Employment

Throughout this century, each generation has been able to improve its education and the value on the labour market of diplomas and degrees has risen considerably. Many older people have little formal education by today's standards. According to the 1986 census, over 46% of people 65 and over have less than grade nine education, compared to 8% of those 25 to 44.(18)

Since the mid-1960s, the labour force participation rates of men 55 and over have gradually declined as mandatory retirement has been enforced and both public and employer-sponsored pension plans created. On the other hand, as Table 2 (page 11) indicates, women aged 55 to 64 have gradually increased their participation rates as discrimination in the workplace has lessened for older married women and the rising cost of living has often necessitated two incomes in the family.

In general, about 2% of workers in all occupational categories were over the age of 65 in 1981. An analysis of those occupations with an over-representation of older workers reveals that they have certain characteristics which enable the elderly to continue working. Where there is an emphasis on seniority, experience and knowledge, for example in managerial and administrative positions, older workers are over-represented. There are also high proportions of older workers among the self-employed, such as doctors, lawyers, artists and musicians. Where

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(17) Unless governments become more involved in child care subsidies or grants. For a discussion of the implications of population aging, see D. Foot, Canada's Population Outlook. Demographic Futures and Economic Challenges, Lorimer, Toronto, 1982; Hans Messinger and Brian J. Powell, "The Implications of Canada's Aging Society on Social Expenditures," in Victor W. Marshall (1987), p. 569-585; Maureen Baker, "The Aging Canadian Population: Social Policy Implications," Background Paper 103E, Research Branch, Library of Parliament, November 1984; Maureen Baker, Aging in Canadian Society: A Survey, McGraw-Hill Ryerson, Toronto, 1988.

(18) Statistics Canada, "The Daily, March 1, 1988," Cat. 11-001, Ottawa, March 1988, p. 16.



Table 2

Labour Force Participation Rates, by Sex for  
Selected Age Groups, Canada, 1966 to 1987\*

MALES

	<u>1966</u>	<u>1971</u>	<u>1976</u>	<u>1981</u>	<u>1987</u>
All Ages	79.9%	77.8%	77.6%	78.3%	76.7%
55-64	86.1	83.3	76.7	75.1	66.4
65-69	46.5	32.6	25.4	21.9	19.0
70 +	14.6	12.1	9.8	8.9	7.4

FEMALES

	<u>1966</u>	<u>1971</u>	<u>1976</u>	<u>1981</u>	<u>1987</u>
All Ages	33.6%	37.1%	45.2%	51.6%	56.2%
55-64	28.5	30.9	32.0	33.7	34.9
65-69	10.9	9.7	7.8	7.9	6.9
70 +	3.2	2.6	2.2	2.5	1.8

\*Annual Averages

Source: Canada, Health and Welfare, Fact Book on Aging in Canada, Ottawa, 1983, p. 37; Statistics Canada, The Labour Force, December 1987, Cat. 71-001, Ottawa, Supply and Services, December 1987, p. 86.

there is a higher than usual statutory retirement age, as there is for federally-appointed judges or senators, there is a higher than usual proportion of older workers. The same is true for jobs with flexible work-scheduling. In occupations with a low incidence of pension coverage and low career earnings, early retirement is less likely to occur. Thus, staying in the labour force after the age of 65 depends largely on the structural characteristics of the occupation.(19)

The treatment of elderly workers varies considerably according to the relations between the occupation and the economy. While emerging technologies tend to prefer to hire young workers rather than retraining older ones, some industrial sectors need older workers with experience and highly developed skills, and prefer to share work rather than promote early retirement.(20) In other occupations, such as teaching, unions protect older employees from redundancy by seniority rules which have led to some conflict between younger and older employees. Until recently, the popularity of early retirement was curtailed by the financial penalties it incurred, but these will undoubtedly be reduced or eliminated in the near future. The older employees most at risk of involuntary lay-off or retirement are those in labour intensive, non-unionized and low-paid work.

While unemployment rates are generally lower for those 55 and over, if they do lose their job the duration of unemployment is longer. Prejudice against older people sometimes prevents the unemployed worker over 40 from finding work, even though, while older workers may not adapt as readily to new technology, they tend generally to be more stable, reliable, consistent and loyal as employees than younger workers.(21)

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(19) Mervin Y.T. Chen, "Are Older Workers Marginal Workers?", unpublished paper presented to the Annual Meetings of the Canadian Sociology and Anthropology Association, Montreal, 1985.

(20) Mervin Y.T. Chen, "Shaping Factors of Occupational Age Structures of the Female Labour Force in Canada," p. 158-175 and Judith Stryckman, "Work Sharing and the Older Worker in a Unionized Setting," p. 193-208 in Victor W. Marshall (1987).

(21) Jon Hendricks and C. Davis Hendricks, Aging in Mass Society: Myths and Realities, Winthrop Publishers, Cambridge, Mass., 1977.



Opportunities to work part-time have increased for both sexes, but especially for women. One problem for women who take part-time work after re-entering the labour force, is that benefits such as pension plan membership are not always available. Such re-entrance has, however, enabled many older women to improve their standard of living and perhaps to put away some savings for retirement.

Programs for gradual retirement, involving part-time work and partial pension benefits, are being initiated by some employers, and appear to eliminate some of the psychological trauma and sudden drop in income often associated with full retirement. Early retirement programs have also been encouraged by some private companies and government departments, so as to free jobs for younger people and to save money. But these programs are usually offered only to higher status employees. Those with lower level positions would probably be more eager to take advantage of early retirement, however, as there is a positive relationship between job prestige (and income) and work satisfaction. In other words, lower status workers express less job satisfaction and would be more open to early retirement. Perhaps employers fear that too many workers would take advantage of early retirement programs if they were introduced at all levels.

### **C. The Elderly as Earners and Consumers**

Since the Canadian government introduced major improvements to income support programs in the 1960s and 1970s, and since more employer-sponsored pension plans were developed, elderly people have improved their economic status relative to that of other age groups. Indexed public pensions and high interest rates on their investments have also dramatically improved the economic status of many elderly people, some of whom actually have higher incomes in retirement than when they were working. There are now new categories of Canadians poorer than the elderly -- young mother-led families and unemployed people under 25.(22)

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(22) National Council of Welfare, Poverty Profile 1985, Ottawa, October 1985, p. 1, 2.

Income in Canada tends to fluctuate considerably by age and sex. In 1987, those 45 to 54 years of age had the highest incomes, perhaps an indication of this generation's higher educational levels (see Table 3, page 15). This static picture of the relationship between income and age, however, should not allow us to forget that for many individuals income rises with age. Those who work at an occupation where there is career mobility generally receive promotional and cost of living increases as they get older. Those with investment earnings often increase their income as interest rates rise or with accumulation of compound interest. Compared to earlier generations of elderly people, the elderly today have a higher standard of living, though most still experience a substantial drop in income with retirement from paid work. For men this comes at age 65 but for women the main drop comes after the age of 60, reflecting women's earlier retirement. Since more working people are now covered by employer-sponsored pension plans, retirement may not be as financially significant in the future.

Table 4 (page 15) shows the sources of income for elderly men and women in 1971 and 1986. Women were less likely to be living on their earnings or employer pensions and about 60% of their income came from government pensions.

The elderly have a higher rate of home ownership than younger people, though their homes are likely to be older, in need of more repair and to contain fewer facilities such as automatic washers, microwave ovens, dishwashers and record players.<sup>(23)</sup> Elderly people are also less likely than younger ones to own automobiles and this may be particularly troublesome where public transportation does not exist or is inconveniently scheduled.

The needs of older people in the market-place have received limited attention until recently. In previous research, the elderly have been characterized as economy conscious, though this may be particularly true for those on fixed incomes. Other researchers have noted that older

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(23) Statistics Canada, Household Facilities by Income and Other Characteristics, 1987, Cat. 13-218, Ottawa, February 1988.



Table 3

Average Income by Age and Sex - 1987, Canada

<u>Age</u>	<u>All Individuals</u>
19 and under	\$ 4,592
20-24	12,333
25-34	20,963
35-44	26,301
45-54	26,735
55-59	23,890
60-64	19,544
65 and over	13,835
65-69	15,178
70 and over	13,067

Source: Statistics Canada, Income Distribution by Size in Canada 1987, Cat. 13-207, Ottawa, November 1988, p. 114-122.

Table 4

Distribution of Income by Source for Men and Women Aged 65 and Over,  
Canada, 1971 and 1986

	<u>Men</u>		<u>Women</u>		<u>Total</u>	
	1971	1986	1971	1986	1971	1986
	%					
OAS/GIS	28.1	25.2	59.5	45.3	39.6	34.4
C/QPP	2.1	16.3	1.1	11.0	1.7	13.9
Other government transfers	2.1	3.5	2.4	3.6	2.2	3.6
Investment income	20.2	18.9	19.6	24.1	20.0	21.2
Private pensions	15.8	20.1	8.5	10.5	13.2	15.7
Employment earnings	30.2	14.6	7.2	3.9	21.8	9.8
Other	0.9	1.3	1.3	1.5	1.0	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total income (constant 1986 \$)	12,554	16,760	6,183	10,527	9,122	13,212

Source: Statistics Canada, Household Surveys Division, quoted in Canadian Social Trends, Autumn 1988, p. 22.

people are less likely to use credit cards than younger shoppers.<sup>(24)</sup> Some studies have suggested that the elderly have special needs when shopping such as convenient store location, rest facilities, smaller-sized packages of perishables, larger print for labels, drugs without child-proof caps and package carryout.<sup>(25)</sup> At present, the elderly appear to enjoy shopping less than younger age groups and, unlike adolescents, do not use it as a form of recreation. But inconsistencies in the results of research on the elderly as consumers confirm that the elderly are not a homogeneous group.

Because television has become a constant companion for many older people, recent concern has been expressed about this medium's depictions of old age. Research has documented both the low frequency with which older people appear on North American television and the relatively negative ways in which they are portrayed.<sup>(26)</sup> It is suggested that these may contribute to feelings of self-doubt and powerlessness among the elderly. Public policies which either permit or prohibit such distorted images in prime-time programming may have an influence on the future status of the older people.

#### **D. Health, Lifestyle and Attitudes**

In the last decade, elderly Canadians have experienced rapid declines in mortality. Whether these declines will continue is debatable, but biomedical breakthroughs in the prevention and treatment of senile dementia and osteoporosis could for some elderly people radically change the quality of life and need for institutional care. Health care officials have been particularly concerned about the rising costs of health services for a growing older population but these costs may be artificially inflated

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(24) K.L. Bernhardt and T.C. Kinnear, "Profiling the Senior Citizen Market," Proceedings of the Annual Convention of the Association for Consumer Research, Chicago, 1977, pp. 499-542.

(25) B.D. Gelb, "Exploring the Grey Market Segment," MSU Business Topics, Vol. 26, 1978, pp. 41-46.

(26) Robert C. Atchley, Aging: Continuity and Change, Wadsworth, Belmont, California, 1983; Lawrence A. Powell and John B. Williams, "The Mass Media and the Aged," Social Policy, 16, Summer 1985, pp. 38-49.



by a health care system which relies too heavily on doctors rather than other health professionals, hospitalization rather than home care and curative rather than preventive medicine.(27)

According to measures of health care and illness such as "bed-days" in hospital, "disability days" or "activity-loss days," those over 65 are definitely less healthy than younger people. The elderly have higher rates of hospital use, longer stays in hospitals and make more frequent visits to physicians than younger people. Yet the elderly vary in their need for medical attention and hospitalization. While most require few health services, a minority, made up of very old people (85 and over), use a disproportionate amount of health resources. Furthermore, hospital costs account for about half of health care costs in Canada.(28)

As people age, their lifestyle usually becomes more sedentary and home-centred and most older Canadians spend their leisure time visiting or talking with friends and relatives. Reduced physical activity with increasing age is not entirely physiological, however, but depends also on attitudes to suitable adult activity, time constraints, lack of facilities for sports and lack of partners. Canadians 65 and over appear to be more active than those of a few years ago but tend to specialize in one particular physical sport or activity rather than participating in a variety.(29) The leisure activities of the elderly, however, depend to a great extent on previous lifestyle, interests and activities. Those with more education, for example, tend to be more

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(27) Neena Chappell, Laurel Strain and Audrey Blandford, Aging and Health Care, A Social Perspective, Holt, Rinehart and Winston, Toronto, 1986.

(28) Neena Chappell, "Canadian Income and Health-Care Policy: Implications for the Elderly," in Victor W. Marshall (1987), p. 489-504.

(29) T. Stephens, C.L. Craig and B.F. Ferris, "Adult Physical Activity in Canada: Findings from the Canada Fitness Survey I," Canadian Journal of Public Health, Vol. 77, 1986, p. 285-290; J.E. Curtis and P.G. White, "Age and Sport Participation: Decline in Participation with Age or Increased Specialization with Age," in N. Theberge and P. Donnelly, (eds.), Sport and the Sociological Imagination, Texas Christian University Press, Fort Worth, Texas, 1984, p. 273-293.

active.(30) They are likely to engage in reading, studying, exercising, entertaining and driving more often than the less-educated elderly. Those who live alone are just as likely to be socially active as those who live together. Leisure activities among the elderly also depend on health, former occupation, marital status and access to transportation.(31)

Although, as Table 5 indicates, older people are far less likely to be the victims of personal crimes such as theft or assault, they fear victimization more than younger people do. Media coverage of serious crimes and of swindles against the elderly promotes this fear. Lessened physical strength and mobility decrease older people's ability to defend themselves and also make them more fearful of violence. The lower rates of personal victimization among the elderly generally result from lifestyle; older people tend to avoid walking in the street at night, avoid high crime environments and generally spend more time at home. Elderly men who live in the street are most at risk.

**Table 5**

**Victimization Rates Per 1,000 Population  
for Selected Types of Personal Crimes for  
Selected Age Groups, Canada, 1981**

Personal Crimes	Age Groups	
	Less than 65	65 and Over
Theft of Personal Property	71	13
Assault	58	8
Robbery	10	4
Sexual Assault	4	-

Source: Canada, Health and Welfare, Fact Book on Aging in Canada, Ottawa, 1983, p. 83.

Attitudes towards established religions and church attendance vary considerably by age. Bibby (1983) found that from 1946 to 1981, the percentage of Canadians who attended church weekly declined from 67% to

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(30) Alan Roadburg, Aging, Retirement, Leisure and Work in Canada, Methuen, Toronto, 1985, p. 77.

(31) Ibid.



27%. While only 15% of Canadian adults under the age of 30 attend church weekly, 45% of those 60 and over do so. For some elderly people, church services provide their major source of social contact and help them cope with grief and death.(32)

Although there is a controversy in the literature about the relationship between religious beliefs and aging, most studies have found that attendance at religious ceremonies remains stable over the lifetime though it may decline somewhat in later years because of poor health or transportation problems. Older people continue, however, to report strong religious beliefs.

### **E. Ethnic Variations**

When discussing the status of the elderly, it is important to keep in mind the many cultural and ethnic groups which make up Canada's population. The way these groups deal with aging and the elderly and the way the dominant society treats the ethnic groups vary according to a group's cultural tradition, socio-economic position and proportion of elderly. This proportion is particularly high among certain ethnic groups, such as the Jewish (16%), the Polish (15%) and the Ukrainian (14%). This reflects the periods of heavy immigration in the earlier part of this century, and in the case of Jewish people, a low fertility rate. Groups of immigrants who came to Canada after World War II generally have lower proportions of elderly and less developed institutions such as retirement homes and seniors' clubs. In the Italian and Chinese groups, for example, only 7% of the population are 65 and over.(33)

Ethnic groups vary in the living arrangements they provide for their elderly. Groups with low fertility rates, high incomes and a high percentage of elderly often have a well-developed system of senior

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(32) Reginald W. Bibby, "Religious Christianity: A Profile of Religion in the Canadian 80s," Social Indicators Research, 13, July, 1983, p. 1-16.

(33) Statistics Canada, The Elderly in Canada, (1984).

citizen facilities. This has particularly been true for Jewish people in Canada. On the other hand, ethnic groups with lower incomes, high birth rates, large extended families and a lower proportion of elderly (such as Chinese, Italians and Greeks) have preferred the three-generation household. After widowhood, elderly women from these ethnic groups usually live with their children and perform domestic duties such as housecleaning and babysitting. For them to live alone is often perceived as less desirable, even when income permits it.

Canadian ethnic groups also differ in the amount of respect they grant to the elderly. Those from oriental cultures, for example, have continued their tradition of respect for their aged parents even when these are financially dependent on adult children. Other cultural groups, such as Greeks, Italians and Hutterites, still emphasize the authority of the eldest male. Members of the second generation, born and educated in Canada, are often caught between two cultures; with more chance to intermarry and to upgrade their education and skills, as they age they will undoubtedly face a different situation from that of their parents.

Sociologists have emphasized the importance of "entrance status" to Canada. Because of language problems, low educational levels and job discrimination, many older members of ethnic groups occupied low status positions in the labour force and consequently retired with no work pensions, though some were able to save money for their retirement by living frugally, assisting each other or by engaging in entrepreneurial activity. Those ethnic groups which entered Canada with low levels of education and unskilled labour jobs have generally, however, retained their low socio-economic status. On the other hand, elderly British and Jewish immigrants are now among the wealthiest cultural and ethnic groups in the country.

## **F. Overview**

The present generation of elderly in Canada have lived through a major economic depression and the Second World War. These economic and political events have undoubtedly shaped their attitudes and values, affected their educational attainment, job prospects and perhaps



even their health and marriage plans. Because they grew up without the social security programs which many young people now take for granted, today's elderly are generally more anxious to save money, more frugal in their spending and often censorious of the lifestyles of the younger generations.

## **FEDERAL PROGRAMS FOR THE ELDERLY**

The federal government offers a number of income support programs for the elderly, an income tax exemption for those 65 and over, information services, and a cultural and recreational program (New Horizons). There are no explicit federal health or social programs for the elderly, since these fall within provincial jurisdiction. The federal government, however, is involved through cost-sharing programs such as Canada Assistance Plan and Medicare. The following is a list of federal programs for the elderly with a brief description of each.

### **A. Advisory Council and Information Service**

The National Advisory Council on Aging was formed in 1980 by the then Minister of Health and Welfare, Monique Bégin, to counsel the Minister on matters relating to the quality of life of the aged and to stimulate public discussion on issues relating to aging. The Council consists of appointed members from across the country and has a secretariat and budget provided by the Department of Health and Welfare.

An Office on Aging was established in 1981 within the Department of Health and Welfare (Planning, Policy and Information Branch). The goals of the office were to gather and provide information on the elderly and to act as liaison between government departments and voluntary agencies dealing with aging. Now the Seniors Secretariat at Health and Welfare Canada has taken over this function, while policy issues are still decided within the Office on Aging. Since 1987, the Minister of State for Seniors has assisted the Minister of National Health and Welfare in the enhancement of the well-being of seniors in Canada.

## B. Federal Income Support Programs

(1) Old Age Security (OAS) is a modified version of a benefit first introduced in 1927. It is a monthly benefit paid to all persons 65 and over who satisfy certain basic residency requirements. OAS is indexed to the cost of living and is taxable.

(2) Guaranteed Income Supplement (GIS) was first introduced in 1967 and is paid monthly to OAS recipients who have little or no income apart from OAS.

(3) Spouse's Allowance is available to a spouse (or widow/widower) of an OAS recipient if that spouse is between 60 and 65 and has a low income. It was introduced in 1975.

(4) Canada Pension Plan Benefits Program has, since 1966, provided a retirement pension for former members of the labour force. Contributions are compulsory and are paid by employees and matched by employers. Death benefits are paid following the death of a qualified contributor and a spouse's pension may be paid to the surviving spouse.

(5) Income Programs of the Department of Veterans Affairs (DVA). Since 1930, the federal government has granted benefits to war veterans and their families. War Veterans Allowance is payable to female veterans or veterans' widows at age 55 and to male veterans or widowers of female veterans at age 60. The Treatment Services Program provides medical, dental, and home care service free of charge to eligible veterans. The Special Housing Assistance Plan allows veterans of World War II or Korea to receive grants to assist them to construct or purchase homes. Several benevolent funds also assist service men and women and their dependants.

The Veterans Independence Program was originally introduced in 1981 but has been expanded several times since then. This federal program offers a comprehensive range of benefits to help veterans stay at home, or, if institutionalization is unavoidable, to enter a local nursing home. Benefits include financial assistance with home care, which encompasses direct patient care, personal care support, housekeeping and groundskeeping. Home adaptations can also be funded (up to a maximum), to



allow the veteran to perform the activities of daily living. Transportation assistance as well as ambulatory health care services may be provided for eligible low income veterans. Temporary or long-term care can also be funded in an approved residential institution. Under VIP, benefits are only provided if they are not fully paid for by another program, and only to the extent that these benefits and services promote the veteran's independent living.

(6) Income Tax Exemptions are offered to all persons 65 years of age and over who file an income tax form through Revenue Canada.

### **C. Federal Housing Programs**

The federal government provides funds, which are available for the elderly as well as other age groups, for subsidized housing. These programs include the Residential Rehabilitation Assistance Program to assist and repair substandard dwellings, start-up funds for Non-Profit Cooperatives and Home Improvement Loans. These can be used for nursing homes, senior citizens' apartments or for private individuals making changes to their residence to accommodate an elderly disabled person.

### **D. Health and Community Support Services**

The federal government funds health and community support services indirectly through federal-provincial cost-sharing. Hospital and medical services are funded through Medicare, which is a national program with national guidelines. Yet each province administers its own health insurance programs and medical services, including any special health services or drug plans for the elderly.

The Canada Assistance Plan provides cost-sharing with the provinces for social services. But these facilities and programs for the poor and elderly are designed and administered by the provinces and municipalities. Some examples of provincial programs for the elderly include comprehensive home care programs, homemakers' services, day care programs, transportation services, seniors' centres, extended care hospitals, senior citizens' drug plans, exemption from health insurance premiums, and special discounts at recreational facilities and services.

### **E. Cultural and Recreational Programs**

The New Horizons program was established in 1972 by Health and Welfare Canada to promote the social participation of older adults. Funded are non-profit projects which are organized and run by the seniors themselves, including sports projects, recreation and crafts programs, historical, educational and cultural projects, social services, information services and activity centres.

In order to apply for a New Horizons grant, a group of at least ten persons, most of whom are over 65 and permanently retired, must agree to serve as voluntary project directors. Funds are not available for salaries but may be granted for capital expenditures, and grants are given to support projects for an 18-month period, with possible extensions. In 1989-90, the total budget of the New Horizons Program will be \$15 million.

In 1988, the federal government introduced the Seniors Independence Program, which funds projects initiated by voluntary, non-government, non-profit groups to encourage senior participation and serve the needs of several target groups of seniors. These funds cannot be used to provide health or social services; they are to be used for demonstration projects, conferences and the development of information sharing.

### **NON-FEDERAL BENEFITS**

Provincial governments, with costs shared by the federal government, offer a variety of medical, health and social services to elderly people. The details of these benefits, however, vary by province. A number of provinces -- including Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon and Northwest Territories -- provide income supplementation programs for senior citizens. All provinces offer taxation or shelter assistance programs to assist financially elderly renters or homeowners.

Provincial governments administer health care programs (under Medicare) and some of those charging premiums waive the cost for those 65 and over. Provincial insurance plans generally cover the services

of physicians and some other health practitioners, hospital services, a portion of extended care in nursing homes and homes for the aged, a portion of ambulance services and dental procedures performed in a hospital. Some provinces also operate prescription drug plans for seniors and welfare recipients which allow these groups to receive their prescriptions free of charge. In addition, provincial jurisdiction covers homes for the aged run by municipalities or charitable organizations and privately-run nursing homes.

Some provinces issue senior citizen privilege cards to those 65 and over to allow them to take advantage of special discounts offered to seniors by governments and participating businesses. Grants for community recreation facilities and programs for seniors are sometimes made available to municipalities, boards of education and approved corporations by the provincial government. Provinces also have established advisory councils to promote and develop opportunities for self-help and to review policies affecting the elderly, and have created seniors' secretariats to convey information, encourage research and coordinate policies in different provincial government departments. Volunteer counselling for seniors by seniors is administered by some provincial governments. In addition, provincial governments fund a variety of community support services, such as visiting homemakers, elderly persons' centres, chronic home care, meals-on-wheels, day care, diners' clubs and telephone reassurance. While some provinces have initiated comprehensive home care programs for seniors (Manitoba is a good example), other provinces offer fragmented services that require medical certification before granting benefits, are poorly coordinated, and have long waiting lists.

As well, municipal governments, the private sector and voluntary organizations provide benefits for particular groups of elderly. In comparison with federal and provincial benefits, the size of the benefits is small, yet they should nevertheless be acknowledged.<sup>(34)</sup> The most important non-government benefit is the employer-sponsored pension plan. Most public sector plans are contributory, with the employee paying

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(34) Helen McKenzie and Jack Stilborn, "Social Benefits for Senior Citizens: an International Comparison," Research Branch, Library of Parliament, Ottawa, 14 November 1985.



into the plan as well as the employer. Nearly one half of private sector plans, however, are non-contributory and provide pensions which are non-portable benefits.<sup>(35)</sup> The participation rates in private pension plans vary from occupation to occupation, ranging from low rates (1%) for agricultural workers to over 50% for those working in manufacturing, transportation and communications.

Corporations and municipal governments also offer discounts to senior citizens and banks sometimes offer special rates and services. Transportation companies provide fare reductions; some universities, colleges and vocational schools waive tuition fees; museums, art galleries and theatres often reduce regular admission prices. Such reductions for the elderly are often attempts to increase participation rates in commercial entertainment or transportation services.

Voluntary organizations provide an extensive range of services to the elderly, particularly in urban areas. These include such services as day care for the chronically ill, home nursing care, alcohol and drug dependency treatment and homemakers' assistance. These services are financed by charitable donations and, in some cases, government subsidies.

## AN INTERNATIONAL COMPARISON OF PROGRAMS FOR THE ELDERLY

The largest component of the welfare state budget in modern day democracies consists of expenditures for the elderly. Old age pensions and benefits to survivors, widows and the disabled comprise up to 80% of the income maintenance programs in some OECD countries. In Canada, this figure was about 40% in 1972<sup>(36)</sup> but had risen to over 50% by 1984.<sup>(37)</sup> In Old Age and the Welfare State, John Myles argues that the critical reasons for qualitative improvements in public pension entitlements are the

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(35) Statistics Canada, Pension Plans in Canada 1986, Cat. No. 74-401, September 1988, p. 18.

(36) John Myles (1984), p. 2.

(37) Canada, Health and Welfare (1983).

involvement of the working class in the political process, the election to office of working class parties and a highly competitive democratic electoral process which increases the responsiveness of parties to the demands of the electorate. Yet these factors can be effective only within certain economic conditions. Public pension systems expanded in the decades after World War II, but since the mid-seventies, such expansion has come to a virtual standstill in most capitalist democracies.

Comparing programs for the elderly in different countries is difficult because of variations in the cost of living, differences in the relative importance of national, regional and local benefits, and the relative value of programs such as subsidized housing and transportation, food stamps or free health care. In some countries, pensioners receive both a universal and earnings-related benefit, but basic pension benefits are usually inadequate without other resources and most countries augment them for those in financial need.

The comparative adequacy of pensions can be calculated either by relating them to the national average wage or by looking at them as a percentage of pre-retirement income. Using either of these two methods, Canadian and American pensions are low compared with those in countries such as Sweden, France and West Germany.<sup>(38)</sup> An American study of 12 industrialized countries showed that the old age pension available to an average worker in the manufacturing industry in 1980 ranged from 29 to 69% of the previous year's earnings for a single beneficiary, and from 47 to 83% of the previous year's earnings for couples.<sup>(39)</sup> In Canada, the replacement rate of previous earnings for a single worker was 34% in 1980 and 49% for a couple, among the lowest of the 12 countries. The rate in the United States was 44% and 66% for the same year (see Table 6, page 28).

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(38) Organisation for Economic Co-operation and Development, Public Expenditure on Income Maintenance Programs, Paris, 1976; United Nations, The World Aging Situation: Strategies and Policies, New York, 1985.

(39) Jonathan Aldrich, "The Earnings Replacement Rate of Old-Age Benefits in 12 Countries, 1969-90," Social Security Bulletin, Vol. 45, No. 11, November 1982, p. 5.

Table 6

Replacement Rates of Social Security Old-Age Pensions  
for Workers with Average Wages in Manufacturing,  
and for Couples, Selected Countries, 1969-1980

	Single Worker			Aged Couple		
	1969	1977	1980	1969	1977	1980
Austria	67	64	68	67	64	68
Canada	24	33	34	41	47	49
Denmark	31	27	29	45	44	52
France	41	64	66	56	78	75
Federal Republic of Germany	55	54	49	55	54	49
Italy	62	64	69	62	64	69
Japan	26	53	54	27	57	61
Sweden	42	59	68	56	73	83
Switzerland	28	39	37	45	59	55
United Kingdom	27	28	31	43	43	47
United States	30	40	44	44	60	66

Source: Jonathan Aldrich, "The Earnings Replacement Rate of Old-Age Benefits in 12 Countries, 1969-90," Social Security Bulletin, Vol. 45, No. 11, November 1982, p. 5.



Compared with other parts of the world, however, especially developing countries, elderly Canadians and Americans are well-off. In developing countries, newly introduced social security schemes for the elderly are sometimes limited to specific categories such as urban industrial workers, civil servants, military personnel and teachers. Though the schemes were initially designed to cover the entire wage-earning population, expansion to other categories of workers has often been slower than expected. As the great majority of workers, rural labourers and the self-employed, remain unprotected, social security fails to protect even the neediest workers and their families in these countries.

Although the percentage of elderly people in developing countries is lower than in industrialized nations, their numbers are large and growing rapidly. Most old people live with their families, providing essential services such as housework and child care. But families clearly need assistance, especially in caring for the sick or dependent elderly, as incomes are low and two wage earners are often needed to support the family. Before adequate policies and programs for the elderly can be devised, however, basic problems such as impure water, widespread poverty, chronic disease, food shortages and low wages need to be addressed. Economic and cultural dependency, which characterizes many Third World nations, must be considered when outside advisers and consultants assist in designing and developing programs for the elderly.(40)

In China, where social services and pensions are not well developed, the family is expected to care for the sick, the handicapped and the elderly. China is the only country which has actually written this obligation into legislation. According to the 1980 Marriage Law, children must look after and support their parents when these are no longer able to work and care for themselves. This will certainly place increased pressure on the family in the future because family size in China is declining. That country's one-child policy, which is enforced through tax and financial incentives, will place a heavier burden on fewer children. If the one-child policy is effective, who will care for the elderly in 30

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(40) Sheila M. Neysmith and Joey Edwardh, "Economic Dependency in the 1980s: its Impact on the Third World Elderly," Ageing and Society, Vol. 4, Part 1, March 1984, p. 21-44.

years? It may be necessary for China to create more state-funded facilities and services for the elderly, whose percentage of the population and numbers grow larger as the birthrate falls.<sup>(41)</sup>

In many countries, work and retirement policies force older workers to choose between economic hardship and continuing to work beyond the retirement age. Forced retirement can lead to feelings of social isolation and lack of social participation as well as a sudden drop in income. But older workers who stay in the labour force could cause hardships for younger workers seeking employment or promotion, and for employers who often prefer younger, more adaptable employees.

Inequalities exist in the old age benefits available to men and women in many countries. Part-time and migrant workers are also likely to find themselves outside the income security system when they reach old age. Because of their limited access to paid work, older women are particularly likely to find themselves in this position. Even when they are in the labour force, interruptions for child-rearing make it difficult to accumulate sufficient periods of insurance to qualify for normal old-age pensions. Lower wages for women than for men also lead to lower social insurance benefits, since these benefits are usually based on previous wages. Throughout the world, women are among the most impoverished sectors of the elderly population and, considering women's faster-rising life expectancies, governments will need to address this problem.

Worldwide inflation and rising energy costs jeopardize the limited incomes of the elderly. While a number of industrialized countries have tried to maintain the purchasing power of pensions in recent decades, the provisions for indexing pensions need to be strengthened in programs around the world. Plans for future social security programs must take into consideration projections for the population, especially the ratio of those who are expected to be financially dependent on the working population. At the same time, when designing new pension schemes, policymakers must be

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(41) Mark A. Clarfield and J.T. Paltiel, "The Greying of China," The Globe and Mail (Toronto), 7 April 1986, p. A7.

aware of the potential burden these will place on future generations of wage-earners.(42)

## CONCLUSION

Retirement policies and benefits for the elderly have been possible only in those societies with enough surplus to afford them. In many industrialized countries, such benefits increased substantially after World War II when production grew and labour markets expanded. In some developing nations, however, the best that can be provided is a pension for certain categories of state employees or urban workers. Those outside these job or residential categories must provide their own retirement for old age, which means that retirement remains a luxury.

The trend toward earlier retirement continues in industrialized countries, despite rising life expectancies. This trend is accompanied by an attempt to eliminate sex discrepancies in the age of retirement and in retirement benefits. Many countries are also trying to come closer to maintaining pre-retirement incomes with their elderly benefits. Old age pensions are increasingly perceived as a right rather than a privilege and in most industrialized nations are no longer focused solely on the poor.

As the proportion of elderly people rises in industrialized countries, the potential for their increased political power also grows. Although the elderly are political heterogeneous and do not generally vote as a block except on pension-related issues, the political implications of mandatory retirement, improved pensions and increased services and facilities for an older population are becoming evident in many countries.

Benefits for Canadian senior citizens have improved considerably since the 1960s so that elderly people are no longer the poorest age category. Despite recent challenges to mandatory retirement rules, there has been a long-term trend toward early retirement as pension benefits have

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(42) United Nations (1985).



enabled more people to choose this option. Many private-sector pension plans, however, are not indexed to the cost of living, have low coverage rates and include lower benefits than public-sector pension plans.(43) Improvements to Old Age Security and the Canada Pension Plan have made a significant difference to the financial status of the elderly. As the population continues to age, other services and facilities will have to keep pace with developments in social security.

Some gerontologists have reiterated the need for major reforms in health care in order to focus more on home care, "dying with dignity," preventive health and the use of a greater variety of health care professionals.(44) In addition, lack of suitable housing or social and community services necessary for the elderly to stay in their own homes will have to be addressed as soon as possible. Knowledge of how the status of elderly persons is changing is essential in planning services, facilities and public programs, not only for today's elderly but for the increasing numbers projected for the future.

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(43) Statistics Canada, Pension Plans in Canada 1986 (1988).

(44) Chappell (1986).

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WILLOWDALE, ONTARIO**

• INDICATES  
75% RECYCLED  
25% POST-  
CONSUMER FIBRE



\*SIGNIFIE 75 %  
FIBRES RECYCLÉES,  
25 % DÉCHETS DE  
CONSOMMATION

**BALANCE OF PRODUCTS  
25% RECYCLED**

**AUTRES PRODUITS:  
25 % FIBRES RECYCLÉES**



